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Dec 30, 2011
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EVALUATION OF EVIDENCE-BASED PRACTICES (EBP) IMPLEMENTATION FOR CAPACITY (EPIC)

Colorado Department of Public Safety
Division of Criminal Justice
Office of Research and Statistics
700 Kipling, Suite 1000
Denver, Colorado

Funded by the U.S. Bureau of Justice Assistance and State of Colorado, Denver, Colorado, United States
WIRB Protocol Number 20110690

RESEARCH SUBJECT INFORMATION AND CONSENT FORM: CLIENT

TITLE: --Evidence-Based Practices: Implementation for Capacity

This consent form contains important information to help you decide whether to participate in a research study.

The EPIC training staff will explain this study to you. Ask questions any time about anything that is not clear. You may take home an unsigned copy of this consent form to think about and discuss with family or friends.

- **Being in a study is voluntary – your choice.**
- **If you join the study, you can still stop at any time.**
- **No one can promise that the study will help you.**
- **Do not join this study unless all of your questions are answered.**

After reading and discussing the information in this consent form, you should know:

- Why this research study is being done;
- What will happen during the study;
- Any possible benefits to you;
- The possible risks to you;
- Other options you could choose instead of being in the study;
- Whether being in this study could involve any cost to you; and
- What to do if you have problems about this study.

Please read this consent form carefully.

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WIRB Protocol Number 20110690

RESEARCH SUBJECT CONSENT FORM
CLIENT

TITLE:	Evidence-Based Practices: Implementation for Capacity
PROTOCOL NO.:	None WIRB® Protocol #20110690
SPONSOR:	U.S. Bureau of Justice Assistance and State of Colorado Denver, Colorado United States
INVESTIGATOR:	Kim English, MA 700 Kipling Denver, Colorado 80215 United States
SITE(S):	Division of Criminal Justice 700 Kipling Lakewood, Colorado 80215 United States
STUDY-RELATED PHONE NUMBER:	Kim English, M.A. (Research Study Manager) 303-239-4453
STUDY COORDINATOR:	Germaine Miera, B.A. 303-239-5729

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The U.S. Bureau of Justice and the State of Colorado (the sponsor) are conducting a research study to evaluate a training project in an effort to improve services.

STUDY DESCRIPTION

You are being asked to participate in this research study, or evaluation, about staff training. The person you are talking to has received special training in interviewing skills. If you agree to participate, the conversation/interview you are about to have with your supervising officer/counselor will be audio-taped and will be included in the evaluation study. The taped conversation may include a training coach being there. The taping and coaching are done as part of the training project. Researchers are studying the training project. If you agree to participate, you will become part of the study. Your participation is voluntary. You do not have to participate in this study. Please ask all questions you have before agreeing to participate. If you want time to think about it, you can have a copy of this consent form to discuss with others before deciding whether to participate and your conversation today will not be taped.

PURPOSE OF THIS RESEARCH

The taping and the presence of a coach are only for the purposes of training, providing feedback to people who work in the field of corrections and treatment, and studying the style of the interview. The style of the interview is called **Motivational Interviewing**. This type of interviewing is designed to build motivation and strengthen the desire for change. Your identity, including your name, address or social security number will not be on the tape when it is reviewed. The tape will only be heard or seen by those doing the training. Information about the interview (such as the number of questions asked) will be used by the researchers to study the training program. Please understand that your participation is completely voluntary and you can stop your participation at any time without it affecting your services in any way.

The interviews are part of a research study of hundreds of interviews about the extent to which training, coaching, and practicing the Motivational Interviewing style of interviewing affects behavior change in both correctional employees and their clients. We want to see if there is a relationship between the effectiveness of this training and

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WIRB Protocol Number 20110690

successfully completing supervision and lessening crime. Research results will be used to improve training efforts in Colorado.

We will keep your name on file and we may interview you in the future, if you agree and consent at that time.

As part of the research study, we will collect additional information, including future arrest information, but your identity will remain confidential and your name will never be released. At the end of the study, which will be in 2015, your identifying information will be destroyed.

Your participation in the study means that the researchers will obtain the names of individuals on your officer's caseload before and after MI training. Researchers will match these names with arrest records from the Colorado Bureau of Investigation, conviction data from the Judicial Department, and revocation and return to prison data from the Department of Corrections. Researchers will analyze the outcomes (the percent who were revoked or rearrested) of individuals on the caseload, or in your community corrections program, before and after MI training. This information will be both combined with and compared to other officers who are participating in the MI training. Researchers will analyze the information by agency (probation/ parole/ community corrections) and by geographic location. Your name will not be published in any reports.

In sum, your participation in the study means that this conversation will be audio-taped and may include observation by a training coach, and that researchers will access additional information about you (for example, your age, sex, crime of conviction, date placed on supervision). This information will be used for research purposes only and your name will not be made public as part of the study.

CONFIDENTIALITY

All information learned from the interview will be kept confidential, and only the people running the training project and the research project will see your information about your conversation/interview.

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Your records may be released for research or regulatory purposes to the sponsor (U.S. Bureau of Justice Assistance and State of Colorado), Food and Drug Administration (FDA) and WIRB®.

Information about a Privacy Certificate for this research

The United States Bureau of Justice Assistance has approved a Privacy Certificate for this study and the study investigator. A Certificate is required for all research sponsored by the United States Department of Justice. The Certificate keeps secret private information about you. This information can only be used for research and statistical purposes. The researchers cannot give your private information to anyone for use in legal issues like lawsuits.

You have the right to tell anyone about your information even though the researcher cannot. The parties listed in the Confidentiality section of this consent form can look at your private information in special situations. This Certificate does not prevent them from looking at your private information. The researcher cannot release this information unless you give your written consent to do so.

RISKS

You might feel uncomfortable knowing that you are being taped in the interview. You can request at any time that the taped interview NOT be used in the evaluation.

There are minimal risks associated with participation in this study. Breach of confidentiality could potentially lead to loss of privacy, however, we build in protections against this.

COSTS

There will be no cost to you for participating in this research study.

ALTERNATIVE

Your alternative is not to agree to participate.

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BENEFITS

There is no benefit to you personally if you participate, but what is learned in the study may benefit others in the future.

NEW FINDINGS

You will be told about any new information that might change your decision to be in this study.

PAYMENT FOR PARTICIPATION

You will not be paid for being in this study.

VOLUNTARY PARTICIPATION/WITHDRAWAL

Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are entitled.

Your participation in this study may be stopped at any time for any reason by the researchers or the sponsor without your consent.

Your participation will have no influence on your supervision.

QUESTIONS

If you have any questions concerning your participation in this study, if at any time you feel you have had a research-related problem, or if you have questions, concerns or complaints about the research contact:

Kim English, M.A., 303-239-4453

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If you have questions about your rights as a research subject, or if you have questions, concerns or complaints about the research, you may contact:

Western Institutional Review Board® (WIRB®)
3535 Seventh Avenue, SW
Olympia, Washington 98502
Telephone: 1-800-562-4789 or 360-252-2500
E-mail: Help@wirb.com

WIRB is a group of people who perform independent review of research.

WIRB will not be able to answer some study-specific questions, such as questions about appointment times. However, you may contact WIRB if the research staff cannot be reached or if you wish to talk to someone other than the research staff.

CONSENT

I confirm that the research study was thoroughly explained to the subject. I reviewed the consent form with the subject and answered the subject's questions. The subject appeared to have understood the information and was able to answer the following questions correctly:

1. What is the purpose of this study?
2. If you decide to be in the study, what will you be asked to do?
3. What is the possible benefit of participating in this study?
4. What are the possible risks of participating in this study?
5. If you decide not to participate in this study, what options do you have?
6. Will participating in this study cost you anything? If so, what will you have to pay for?
7. Do you have to be in this study?
8. If you decide to be in the study, can you leave the study when you want to?

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Person Conducting Informed Consent Discussion

Signature: (YOUR SIGNATURE HERE/CHANGE AGENT)____ Date (Date of Interview)

Person Conducting Informed Consent Discussion Printed Name (PRINT YOUR NAME HERE)_____

I have read the information in this consent form. All my questions about the study and my participation in it have been answered. I am satisfied with the answers I have been given to my questions. I freely consent to be in this research study.

I authorize the release of my records for research or regulatory purposes to the sponsor, the FDA, and WIRB®.

Client Printed Name (CLIENT/OFFENDER PRINTED NAME)_____

Client Signature: (CLIENT/OFFENDER SIGNATURE)_____ Date (Date of Interview)

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RESEARCH SUBJECT INFORMATION AND CONSENT FORM: TRAINEE

TITLE: --Evidence-Based Practices: Implementation for Capacity

This consent form contains important information to help you decide whether to participate in a research study.

The EPIC training staff will explain this study to you. Ask questions any time about anything that is not clear. You may take home an unsigned copy of this consent form to think about and discuss with family or friends.

- **Being in a study is voluntary – your choice.**
- **If you join the study, you can still stop at any time.**
- **No one can promise that the study will help you.**
- **Do not join this study unless all of your questions are answered.**

After reading and discussing the information in this consent form, you should know:

- Why this research study is being done;
- What will happen during the study;
- Any possible benefits to you;
- The possible risks to you;
- Other options you could choose instead of being in the study;
- Whether being in this study could involve any cost to you; and
- What to do if you have problems about this study.

Please read this consent form carefully.

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RESEARCH SUBJECT CONSENT FORM
TRAINEE

TITLE:	Evidence-Based Practices: Implementation for Capacity
PROTOCOL NO.:	None WIRB® Protocol #20110690
SPONSOR:	U.S. Bureau of Justice Assistance and State of Colorado Denver, Colorado United States
INVESTIGATOR:	Kim English, MA 700 Kipling Denver, Colorado 80215 United States
SITE(S):	Division of Criminal Justice 700 Kipling Lakewood, Colorado 80215 United States
STUDY-RELATED PHONE NUMBER:	Kim English, M.A. (Research Study Manager) 303-239-4453
STUDY COORDINATOR:	Germaine Miera, B.A. 303-239-5729

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WIRB Protocol Number 20110690

The Office of Research and Statistics (ORS) in the Colorado Division of Criminal Justice (DCJ) is conducting a research study (Evaluation of EPIC—Evidence-Based Practices: Implementation for Capacity) on behalf of the U.S. Bureau of Justice Assistance, the granting agency that is funding the EPIC training project. You are being asked to participate in this research.

STUDY DESCRIPTION

Motivational Interviewing is a specific method of interviewing designed to build client motivation and strengthen commitment to change. This is a study about the extent to which receiving training and becoming proficient in Motivational Interviewing affects behavior change in offenders. The goal of the study is to see if MI proficiency leads to better caseload outcomes. We will compare the outcomes of offenders who were on your caseload 1-2 years BEFORE you learned MI and compare those with the outcomes of offenders on your caseload AFTER you became proficient in MI. The outcomes of interest are technical violations, rearrest rates and return to prison rates. Research results will be used to improve our understanding of MI and its use in the field of corrections.

Your participation in the study means that the researchers will obtain the names of individuals on your caseload before and after MI training. Researchers will match these names with arrest records from the Colorado Bureau of Investigation, conviction data from the Judicial Department, and revocation and return to prison data from the Department of Corrections. Researchers will analyze the outcomes (the percent who were revoked or recidivated) of individuals on your caseload, or in your community corrections program, before and after MI training. This information will be both combined with and compared to others who are participating in the MI training. Researchers will analyze the information by agency (probation/parole/community corrections), by geographic location, and age/gender/duration on the job and other general information about you. Researchers will analyze the amount of “change talk” that occurs with clients to see if this is linked to recidivism. Your name will not be used in the analysis or published in any reports, however, researchers will make your caseload findings (before and after MI training) available to you upon your request.

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Your participation in the study requires that you obtain consent from the clients that you audio tape as part of your EPIC training and coaching. This means that you will review with your client the EPIC Evaluation consent form, reinforce that their participation is entirely voluntary and that they receive no benefit from participation, and request their informed consent to participate in this evaluation. When they agree to participate, you must obtain their signature and forward the consent form to the EPIC office.

In sum, your participation in this evaluation (which is not part of the training project) requires that you voluntarily agree to allow researchers to access information about those on your caseload, basic information about yourself (age, gender, duration on the job) and that you obtain consent from your clients who are audio-taped for voluntary participation in the evaluation.

LENGTH OF PARTICIPATION

You may be involved in this research for up to two years.

CONFIDENTIALITY

All information learned from the MI interviews will be kept confidential, and only the people running EPIC and the evaluation will see the scoring/coding sheets. Even so, your name will not be associated with MI data. Your name will be used only to identify the dates you began training and, if applicable, became proficient in MI and to identify the individuals on your caseload so their outcomes can be studied.

Your records may be released for research or regulatory purposes to the sponsor (U.S. Bureau of Justice Assistance and State of Colorado), Food and Drug Administration (FDA) and WIRB®.

Information about a Privacy Certificate for this research:
The U.S. Bureau of Justice Assistance, in the Department of Justice, has approved a Privacy Certificate for this study and the study investigator. A Certificate is required for all research sponsored by the Department of Justice. The Certificate keeps secret private information about you. This information includes the date of MI proficiency, the agency

(DOC, Behavioral Health, Community Corrections or Probation), years on the job, age, and ethnicity. The study information can only be used for research and statistical purposes. The researchers cannot give your private information to anyone for use in legal issues like lawsuits.

You have a right to tell anyone about your protected information even though the researcher cannot. The parties listed in the Confidentiality section of this consent form can look at the private information in special situations. This Certificate does not prevent them from looking at your private information. The researcher cannot release the information unless you give your written consent to do so.

RISKS

There is a risk of loss of confidentiality however, we build in protections against this.

COSTS

There will be no cost to you for participating in this research study.

NEW FINDINGS

You will be told about any new information that might change your decision to be in this study.

BENEFITS

Others in the future may benefit from what is learned in the study.

PAYMENT FOR PARTICIPATION

You will not be paid for being in this study.

ALTERNATIVES

Your alternative is to not be in this study.

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VOLUNTARY PARTICIPATION/WITHDRAWAL

Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are entitled.

Your employer does not urge, influence or encourage anyone who works for the agency to take part in a research study. Your participation in this study is completely voluntary.

You may withdraw from the study at any time and for any reason. Your decision to not participate in the study, or a decision on your part to withdraw from the study, will have no effect whatsoever on your employment status. You may refuse to participate or you may withdraw from the study at any time without penalty or prejudice.

Your participation in this study may be stopped at any time for any reason by the study manager or the sponsor without your consent.

QUESTIONS

If you have any questions concerning your participation in this study, if at any time you feel you have had a research-related problem, or if you have questions, concerns or complaints about the research, contact:

Kim English, M.A. 303-239-4453

If you have questions about your rights as a research subject or if you have questions or concerns or complaints about the research, you may contact:

Western Institutional Review Board ® (WIRB®)
3535 Seventh Avenue, SW
Olympia, Washington 98502
Telephone: 1.800.562-4789 or 360.252.2500
E-mail: Help@wirb.com

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WIRB is a group of people who perform independent review of research.

WIRB will not be able to answer some study-specific questions, such as questions about appointment times. However, you may contact WIRB if the research staff cannot be reached or if you wish to talk to someone other than the research staff.

CONSENT

I have read the information in this consent form. All my questions about the study and my participation in it have been answered. I freely consent to be in this research study.

I authorize the release of my records for research or regulatory purposes to the sponsor, FDA and WIRB®.

Printed name of subject: **(CLIENT/OFFENDER PRINTED NAME)**_____

Signature of subject: **(CLIENT/OFFENDER SIGNATURE)**_____Date**(Date of Interview)**

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I confirm that the research study was thoroughly explained to the subject. I reviewed the consent form with the subject and answered the subject's questions. The subject appeared to have understood the information and was able to answer the following questions correctly:

1. What is the purpose of this study?
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4. What are the possible risks of participating in this study?
5. If you decide not to participate in this study, what options do you have?
6. Will participating in this study cost you anything?
7. Do you have to be in this study?
8. If you decide to be in the study, can you leave the study when you want to?

Printed name of person conducting the informed consent discussion:

(PRINT YOUR NAME HERE)_____ **Position (PRINT JOB TITLE)**_____

Signature of person conducting informed consent discussion:

(YOUR SIGNATURE HERE)_____ **Date(Date of Interview)**_

The EPIC training staff will explain this study to you. Ask questions any time about anything that is not clear. You may take home an unsigned copy of this consent form to think about and discuss with family or friends.